| | | | 7 | | | | Application | or Doc | ket Numbe | - |
|--|--|--|--------------|---|------------------|-------------------|------------------------|--------|---------------------|---------------------|
| | PATENT A | | | DETERMINA ber 1, 1994 | TION RECO | RD | 35 | 3 | 78 | 6 |
| , | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | , SMA | LL ENTITY | OR | | R THAN ENTIT |
| FOR | | NUMBI | NUMBER FILED | | NUMBER EXTRA | | FEE |]. | RATE | FEE |
| BASI | IC FEE | | | | | | 365.00 | OR | | 730.0 |
| ОΤ/ | AL CLAIMS | | minu | s 20 = * | | x\$11 | = | OR | x\$22= | |
| NDE | PENDENT CLAI | IMS C |) mini | us 3 = * | | x38= | <u> </u> | OR | x76= | |
| JUL | TIPLE DEPENDE | ENT CLAIM PRE | SENT | | | +120 | = | OR | +240= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTA | L | OR | TOTAL | 13 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMA | LL ENTITY | OR | | R THAN |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADD TION/ FEE |
| | Total | . 18 | Minus | " 20 | = | x\$11= | = M | OR | x\$22= | ع |
| | Independent | . 3 | : Minus | ··· 3 | = | x38= | | OR. | x76= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +120: | = (| OR | +240= | | |
| | | (Column 1) | | (Column 2) | (Column 3) | TOTA ADDIT. FI | | OR | TOTAL ADDIT. FEE | |
| AMENDMENT B | | OLAIMS PREMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADD TION/ FEE |
| | Total | . 19 | Minus | ·· 30 | = , | x\$11= | = . | OR | x\$22= | |
| | Independent | • | Minus | *** 2 | = / | x38= | 39 | OR | x76= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +120: | = | OR | +240= | |
| | (Column 1) (Column 2) (Column 3) | | | | | TOTA ADDIT. FE | AL | OR | TOTAL ADDIT. FEE | |
| 4. | | CLAIMS | | HIGHEST | DDESENT | | ADDI- | 1 | | ADD |

NOWRER **AFTER EXTRA PREVIOUSLY AMENDMENT AMENDMENT** PAID FOR Total Minus Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDI-**TIONAL** RATE TIONAL **RATE** FEE FEE x\$11=OR x\$22= x76= x38 =OR +120= OR +240= TOTAL OR ADDIT. FEE

730.00

ADDI-TIONAL

ADDI-TIONAL